

Special Needs Course Enrollment Form

Instructions: Completed form and course fee must be mailed to the Office of School Transportation (OST) at 825 Riverside Parkway, Suite 110, West Sacramento, CA 95605. Forms submitted without payment will not be accepted.

Applicant Information

Name: _____ County: _____

Home Address: _____ City and ZIP: _____

Phone Number: _____ Personal Email: _____

Employer Information

Primary Employer: _____ County: _____

Work Address: _____ City and ZIP: _____

Work Phone: _____ Work Email: _____

Course Assignment and Confirmation

Instructions: Signature certifies that the information provided on this form is complete and accurate. Signature must be handwritten.

First Choice Course: _____ Next Choice Course: _____

Applicant Signature: _____ Date: _____

Course Fee and Cancellation Policy

Instructions: Course fee may be paid by check or money order, made out to "California Department of Education" or "CDE" and mailed to the Office of School Transportation at 825 Riverside Parkway, Suite 110, West Sacramento, CA 95605. Cash payments and purchase orders are not accepted. Cancellations 90 days or more prior to the course are eligible for a 100% refund of the course fee, cancellations less than 90 days but more than 30 days prior to the course are eligible for a 50% refund, and cancellations 30 days or less prior to the course are ineligible for a refund.

Course fee of \$600